

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>8858</u>	2 Fiscal Year Covered From <u>01 / 01 / 04</u> Through <u>12 / 31 / 04</u>
3 Name and address of person filing Name <u>Michael J Hendricks</u> P O Box Bldg Room No if any _____ Street <u>2599 Manitowish St</u> City <u>Green Bay</u> State <u>WI</u> ZIP Code + 4 <u>54311 6849</u>	4 Name file number and address of labor organization Name <u>Northern W Regional Council of Carpenters</u> Labor Organization File Number <u>035-751</u> P O Box Building and Room Number if any _____ Street <u>N 2216 Bodde Rd</u> City <u>Kaukauna</u> State <u>WI</u> ZIP Code + 4 <u>54130-9740</u>
5 Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name _____
Trade Name if any _____
P O Box Bldg Room No if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

7 a. Nature of Interest Transaction, or Income

7 b Amount.

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Michael J Hendricks

On

7-22-05

Date

920 469-1146

Telephone Number

Name of Person Filing <u>Michael J. Hendricks</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Wisconsin Carpenters Benefit Funds

Trade Name if any _____

P O Box Bldg Room No if any _____

Street 1704 Devney Drive

City ALTOONA

State WI ZIP Code + 4 54720

9 Business deals with

- ☒ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name _____

Trade Name if any _____

P O Box Bldg Room No if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11 a Nature of such dealing

International Foundation
Educational Conference Attendance
Nov 30-2004 through Dec 4 2004
Tuition, Airfare, lodging and meals
Reimbursement

11 b Approximate dollar value of such dealing

2998.54

12 a Nature of interest held or income received

12 b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____

Trade Name if any _____

P O Box Bldg Room No if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14 a Nature of payment.

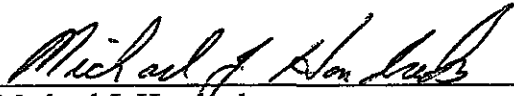
13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.



August 12, 2005

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.



Michael J Hendricks